

CONSUMER COMPLAINT FORM - AUTO REPAIR

OFFICE OF THE ATTORNEY GENERAL

CONSUMER PROTECTION DIVISION

AG Form #209 02-96

STATEWIDE TOLL FREE 800-551-4636 HEARING IMPAIRED - TDD 800-276-9883 or local 206-464-7293		
Bellingham: Island, San Juan, Skagit and Whatcom counties. 103 E. HOLLY SUITE 308 BELLINGHAM, WA 98225 (360) 738-6185 FAX (360)738-6190	Seattle: King, Snohomish, Clallam and Jefferson counties and Bainbridge Island. 900 FOURTH AVENUE SUITE 2000 SEATTLE WA 98164-1012 (206) 464-6684 FAX (206) 464-6451	Olympia: Thurston County. 905 PLUM ST SE # 3 PO BOX 40118 OLYMPIA, WA 98504-0118 (360) 753-6210 FAX (360) 664-2585
Tacoma: Pierce, Mason, Grays Harbor and Kitsap 1019 PACIFIC AVENUE SOUTH 3 RD FLR TACOMA WA 98402-4411 (206) 593-2904 FAX (206) 593-2449	Spokane: Central-Northeastern Washington. WEST 1116 RIVERSIDE SPOKANE WA 99201-1194 (509) 456-3123 FAX (509) 456-2486	Kennewick:Southeastern Washington. 500 N MORAIN ST SUITE 1250 KENNEWICK WA 99336-2607 (509) 546-4360 FAX (509) 734-7290
Please type or print. This form should be returned to the address nearest to you. After your complaint is received, you will be contacted by mail regarding assignment of your complaint.	Vancouver: Southwestern Washington. 500 W 8 TH Suite 55 VANCOUVER WA 98660-3007 (360) 690-4751 FAX (360) 690-4762	Please include copies of related documents. SEND COPIES ONLY - DO NOT INCLUDE ORIGINAL DOCUMENTS!

CONSUMER INFORMATION

Name: _____
Please Print or Type *Last* *First* *Middle Initial*

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day: (_____) _____ Evening: (_____) _____

This office will handle a complaint only if a copy of your complaint can be sent to the business. If you do not want your complaint sent to the business, please explain: _____

BUSINESS INFORMATION

Name of Business Involved: _____
Please Print or Type

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Name of Owner or Manager (if known): _____

ABOUT YOUR COMPLAINT . . .

Make, model and year of vehicle: _____ Mileage at time of repair: _____

Date of repair: _____ Did you meet with the mechanic/service writer when the vehicle was taken for repair? _____

Were you given a written estimate? _____ If NO, had you asked for a written estimate? _____ Amount of estimate, if received: _____

Final price of the repair: _____ Did you receive an itemized bill? _____ Did you pay the repair bill in full? _____

If the bill is not paid, how much of the bill have you paid? _____ Is the business holding the vehicle for payment? _____

Were unauthorized repairs performed? _____ If YES, please identify unauthorized repairs in the detailed explanation of your complaint.

Did you ask for the old parts prior to the repair? _____ Were the old parts returned to you? _____

Have you complained to the business? _____ If YES, to whom: _____

What response did you receive? _____

If you have not contacted the business, explain why not: _____

Have you filed a complaint about this business with the Attorney General's Office before? _____

If YES, list the file number assigned to that complaint: _____

Have you contacted a private attorney? _____ If YES, identify the name and address of the attorney: _____

Is there a court or other legal proceeding pending? _____ If YES, please identify in the detailed explanation of your complaint.

[illegible]

Date _____